

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Reilly Mica Tara  
Last First MI

2. BUSINESS PHONE (703) 267-1219  
Area Code and Phone Number

3. BUSINESS ADDRESS 11250 Waples Mill Road Fairfax VA 22030  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

4. EMPLOYER National Rifle Association-Institute for Legislative Action

5. EMPLOYER'S ADDRESS 11250 Waples Mill Road Fairfax VA 22030  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name National Rifle Association-Institute for Legislative Action (NRA-ILA)

Address 11250 Waples Mill Road, Fairfax, VA 22030

Business or purpose Nonprofit membership association in support of Second Amendment rights.

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

FOR OFFICE USE ONLY

Postmark Date: 12/22/04

Per. 2005

#041410

\$110.00 WY

1041502

2004 DEC 29 AM 11:24

ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
RECEIVED

# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY